

in order of birth stated.

SUPPLEMENT ATTACHED

PLACE OF BIRTH

**ARIZONA STATE BOARD OF HEALTH**

1. County of Graham BUREAU OF VITAL STATISTICS State Index No. 199  
District of Safford ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 383  
Town of \_\_\_\_\_ Local Registrar No. 289  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_ { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 4 6. Legitimate? yes 7. Date Feb 28 1924  
Month Day Year

FATHER		MOTHER	
8. Full name <u>Vernon Cluff</u>		14. Full maiden name <u>Pearl Allen</u>	
9. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state.	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) <u>Pima</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Tuba City</u> (State or country) <u>Arizona</u>	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:00 m. on the date above stated.  
(Born alive or stillborn.)

Signature P. C. Dryden M.D.  
(Physician or midwife)  
Address \_\_\_\_\_

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
Registrar.

Filed Mar 10 1924 Hattie W. Schenck Local Registrar.  
Filed Mar 10 1924 David Schenck County Registrar.

336-228-715